

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013776

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 205

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin 0495	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns		d. STREET ADDRESS (If outside, give location) 1714 West 1st	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Eugene Shonk		4. DATE OF DEATH Month Day Year April 11, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11, 1931
10a. USUAL OCCUPATION (Give kind of work done during most of post-1919 life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Neosho, Missouri
13a. FATHER'S NAME Charles Shonk		13b. MOTHER'S MAIDEN NAME Bessie Ussery	14. NAME OF HUSBAND OR WIFE Shirley Jean Shonk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 498-28-5883	17. INFORMANT Shirley Jean Shonk Address Joplin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUNSHOT WOUND ABDOMEN - WITH PERFORATION RT. HYPOGASTRIC ARTERY AND VENOUS PLEXUS PERFORATION TERMINAL ILEUM - FATAL INTRA ABDOMINAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PERFORATION			INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1 HOUR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 981X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) GUNSHOT WOUND ABDOMEN WITH INTERNAL HEMORRHAGE DUE TO	
20c. TIME OF INJURY Hour Month, Day, Year 12 p.m. 4-11-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Joplin Jasper Mo.	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wendell M. Brown (Degree or title) 3		22b. ADDRESS Med. City Bldg. Joplin Mo	
22c. DATE SIGNED 4-14-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon ADDRESS Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 4-17-1959	26. REGISTRAR'S SIGNATURE Dorice Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
APR 6
1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.